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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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| | Application Number | 10/614,362 | | |
| | Filing Date | July 7, 2003 | | |
| | First Named Inventor | Christopher Meade | | |
| | Art Unit | 1614 | | |
| | Examiner Name | SPIVACK, PHYLLIS G | | |
| | Attorney Docket Number | 1/1363 | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | |
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| | | | | | | |
| A Power of Attorney is submitted herewith. | | | | | | |
| | | | | | | |
| OR | | | | | | |
| I hereby appoint the practitioners associated with the Customer Number: 28519 | | | | | | |
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| Telephone Email | | | | | | |
| I am the: | | | | | | |
| | | | | | | |
| ☐ Applicant/Inventor. | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form FTO/SB/90) | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | |
| Signature ### ################################ | | | | | | |
| Name Dr. Heinz Hammann | | | | | | |
| Date Oct 8 26 Telephone 011-49-6132-77-98898 | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | |
| *Total of 2forms are submitted. | | | | | | |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/82 (01-06)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 10/614,362 | |
|------------------------|--------------------|--|
| Filing Date | July 7, 2003 | |
| First Named Inventor | Christopher Meade | |
| Art Unit | 1614 | |
| Examiner Name | SPIVACK, PHYLLIS G | |
| Attorney Docket Number | 1/1363 | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | |
|--|---------------|-------------------|--|--|--|
| A Power of Attorney is submitted herewith. | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: 28519 | | | | | |
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| Country | | | | | |
| Telephone | Email | | | | |
| I am the: Applicant/Inventor. | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | |
| Signature | | | | | |
| Name Dr. Hans-Michael Kompter | | | | | |
| | Telephone 011 | 1-49-6132-77-8884 | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | |
| *Total of 2 forms are submitted | | | | | |

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Attorney Docket No.: 1/1363

PTO/SB/96 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

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| STATEMENT UNDER 37 CFR 3.73(b) | | | | |
|--|--|--|--|--|
| Applicant/Patent Owner:Boehringer Ingelheim Pharma GmbH & Co. KG | | | | |
| Application No./Patent No.: 10/614,362 Filed/Issue Date: July 7, 2003 | | | | |
| Entitled: Pharmaceutical compositions based on new anticholinergies and NK1 receptor antagonists | | | | |
| Boehringer Ingelheim Pharma GmbH & Co, KG , a (Name of Assignee) , a Corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.) | | | | |
| states that it is: 1. the assignee of the entire right, title, and interest; or | | | | |
| 2. an assignee of less than the entire right, title and interest (The extent (by percentage) of its ownership interest is %) | | | | |
| in the patent application/patent identified above by virtue of either: | | | | |
| A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014577, Frame 0500, or for which a copy thereof is attached. | | | | |
| OR B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows: | | | | |
| To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. | | | | |
| 2. From: To: | | | | |
| The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. | | | | |
| 3. From: To: | | | | |
| The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. | | | | |
| Additional documents in the chain of title are listed on a supplemental sheet. | | | | |
| As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.081 | | | | |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. ppa Signature Date | | | | |
| Dr. Heinz Hammann 011-49-6132-77-98898 Dr. Hans-Michael Kompter 011-49-6132-77-8884 | | | | |
| Printed or Typed Name Telelphone Number Printed or Typed Name Telephone Number | | | | |
| Corporate Director Patents Authorized Signatory | | | | |
| Title | | | | |

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